



FIRE MANAGEMENT ASSISTANCE QUESTIONNAIRE

FMAG No. _____ FM-_____ FIRE		DATE SUBMITTED _____	
NAME OF ORGANIZATION _____			
ORGANIZATION TYPE & FINANCIAL RESPONSIBILITY What type of Firefighting organization do you represent? State <input type="checkbox"/> Volunteer <input type="checkbox"/> Contract <input type="checkbox"/> Indian Tribal Government <input type="checkbox"/> Other <input type="checkbox"/> _____			
If organization is an Indian Tribal Government, are they assuming all grantee responsibilities?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was your organization fighting the fire in its own jurisdiction?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If NO, did your organization have a previously established contract to render services?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the requesting entity financially responsible for reimbursement?		YES <input type="checkbox"/> (Please attach copy of contract)	NO <input type="checkbox"/>
Was your organization part of a compact?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, which one? _____			
REQUEST OF ORGANIZATION RESOURCES			
Were your organization's resources requested by the Incident Commander?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were your organization's resources requested by the Governor's Authorized Representative?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were your organization's resources requested by a State official other than above?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, name and title of State official: _____			
If YES to any of the above, was the authorization verbal or in writing?		VERBAL <input type="checkbox"/>	WRITTEN <input type="checkbox"/>
<i>NOTE: If not in writing, how do we verify?</i>			
ADDITIONAL INFORMATION OR COMMENTS:			
NAME OF CONTACT PERSON		10-DIGIT TELEPHONE NUMBER	